TOM CARPER
UNITED STATES SENATOR *for* DELAWARE

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CONTACT: Emily Spain (202) 224-2441 or emily_spain@carper.senate.gov

U.S. SENATE COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

SUBCOMMITTEE ON FEDERAL FINANCIAL MANAGEMENT, GOVERNMENT INFORMATION, FEDERAL SERVICES, AND INTERNATIONAL SECURITY

HEARING: "The Financial and Societal Costs of Medicating America's Foster Children"

Opening Statement of Senator Tom Carper, Chairman
As prepared for delivery

Over the past few years, this subcommittee has been focused almost exclusively on how our federal government can achieve better results for less money. Among other things, we've examined cost overruns in major weapons systems and overpayments for additional spare parts at the Department of Defense that we don't need.

We've focused on how we manage our federal property, on bloated information technology projects that waste millions of dollars, and – most notably for today's hearing – on how we spend taxpayer dollars on prescription medications in our nation's public healthcare system. In fact, today marks the third in a series of hearings over the past several years examining this particular topic.

Nearly two years ago, our subcommittee asked the Government Accountability Office (GAO) to look into the potentially improper prescribing of mind-altering medications, also known as psychotropic drugs, for children in foster care whose health care is paid for through Medicaid and managed by the states.

We learned through various media reports and medical articles that many foster children may have been receiving these medications at alarming and potentially dangerous rates. If these reports were true, not only were tax dollars being wasted on these medications but, more importantly, the health and well-being of these children was very likely in danger.

We wanted an independent, government audit from the GAO. In asking them to look at this issue, we wanted to know if over-prescribing, or improper prescribing, of these powerful mind-altering medications was occurring and, if it was, how prevalent was it and what were the costs? The report we are releasing today confirms some of our worst fears.

GAO's findings reveal that foster children in the five states that were examined are receiving mind-altering medications at between 2 and 4 1/2 times the rate of other children under Medicaid. In 2008, the five states combined spent over $59 million on mind-altering medications for foster children. Beyond these rates, the GAO found three alarming patterns in their data.

First, thousands of children were prescribed mind-altering medications in excess of the maximum doses for the child's age as recommended by the FDA and medical literature. Furthermore, for the medications for which there is no FDA recommended dosage for their age, the GAO found a number of children receiving dosages beyond those even recommended for adults.

Second, more than 600 foster children in the five states were found to be receiving five or more mind-altering medications at the same time. According to medical experts, one of whom is with us as a witness today, there's no evidence supporting the use of five or more mind-altering medications in adults let alone children. In fact, I'm told there's only limited evidence that supports the use of even two mind-alerting medications being prescribed to a child at the same time.

Finally, and perhaps most disturbingly, dozens of foster care children under one year of age in these five states, and over 3,500 non-foster children in those states, were prescribed a mind-altering medication. According to medical experts, there are no established mental health uses for mind-altering medications in infants, and providing them these drugs can result in serious health effects for them over both the near term and long term.

We look forward to hearing more about the GAO's findings today. Greg Kutz from GAO has joined us to discuss them. He's appeared before this subcommittee many times before, and we welcome him back today.

Along with him is Dr. Jack McClellan from Seattle Children's Hospital. He is one of the medical experts hired by GAO to review their report. Mr. Bryan Samuels is here from the Department of Health and Human Services to give us the Federal government's view, while Mr. Matt Salo, is here on behalf of the State Medicaid Directors.

I'm probably most interested, however, to hear from our first witness today – Mr. Ke'onte Cook, who joins us all the way from McKinney, Texas. Mr. Cook is here with his Mom and Dad. I was fortunate to spend some time with all of them earlier this morning. I look forward to hearing a little more about him and his experiences in a few minutes. I also hope that today's hearing, and what comes from it, will end up helping kids like him from all across our country.

In anticipation of today's hearing, the Department of Health and Human Services sent a letter last week to all 50 states regarding the proper use and monitoring of mind-altering medications for children in the foster care system. The letter promises that the Department will convene a meeting of all 50 states in the next few months to discuss this issue.

It's my hope that the Department's letter also serves as a signal to states that more detailed guidance is coming, guidance that reflects best practices from states across the country with regard to the use of mind-altering medications to treat children.

It's also my hope that this letter will lead to solutions, solutions that will help to improve the health and welfare of some of our nation's most vulnerable children – foster kids – while also saving taxpayers' dollars, too.

I believe there's plenty of blame to go around in this report. Unfortunately, it appears the federal government, state and local governments, doctors, nurses and perhaps others, haven't kept up with the increased frequency with which mind-altering medications have been prescribed over the past decade.

There also appears to be a lack of cooperation between Health and Human Services and the state Medicaid programs throughout the country concerning this issue. States have worked out piecemeal solutions based on their own experiences and, frankly, in at least some cases, those solutions were not arrived at until after young lives were damaged or lost.

As I mentioned and as we'll hear in testimony today, the children discussed in GAO's report are some of the some of the most vulnerable members of our society. It's our responsibility to take up their cause.
As a former governor, I know that the foster care system is complex. But that complexity is no excuse for not dealing with this issue head on. We all have a responsibility to ensure that the Medicaid program works for all the children that it serves, whether they're in foster care or not.

I oftentimes describe the 50 states as laboratories of democracy. What this report reveals is that some states are managing their programs better than others. There are best practices in use in some states that really do work in helping foster children. Every state should be adopting them or tailoring them for adoption. In addition, the American Academy of Child and Adolescent Psychiatry has promulgated some very good guidelines, which both the GAO and others cite. If they're not already doing so, more states should be following them. What we can't do is wait for another tragedy to happen before we make the right decisions. We can't stand idly by while children's lives or health are potentially put into danger.

Now, to be clear, it's important to realize that these drugs we'll be talking about this morning are often used in dire and even tragic situations. In most cases they're prescribed as intended and used in an appropriate manner to help children who have experienced significant trauma in their lives. In these cases, there is no doubt about their value.

What is in doubt are the patterns and practices identified in the GAO's testimony today. What is in doubt is the effectiveness and necessity of having children take 5 or more mind-altering medications at the same time, or an infant being given an anti-psychotic medication. In these cases, I don't see any grey areas. What I see is more black and white: what is appropriate and humane - and what is not.

We need to begin the process now of developing a consensus about what is appropriate and humane when it comes to the prescribing of mind-altering medications to children and end the bad practices that are putting children in danger. We need to act quickly before one more child's life or health is placed in jeopardy or before one more taxpayer dollar is spent inappropriately.

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